STATE DEPARTMENT OF HEALTH

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22d. ADDRESS

25d. REC'D BY

23c. NAME OF CEMETERY OR CREMATORY

e. IS RESIDENCE ON A FARM?

Year

1967

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPS PERFORMED? YES A

12-8-67

(County)

25b. REGISTRAR'S SIGNATURE

NO

(Stote)

(Stote)

Doy

Dovs

COUNTRY?

(County)

VA Hospital, Perry Point, Md.

23d. LOCATION (City or Town)

REGISTRAR

NO F

TO FUNERAL DIRECTOR: director, page 3 should be filed v

27c PHYSICIAN'S

23o. BURIAL CREMATION.

24. FUNERAL DIRECTOR

REMOVAL (Specify)

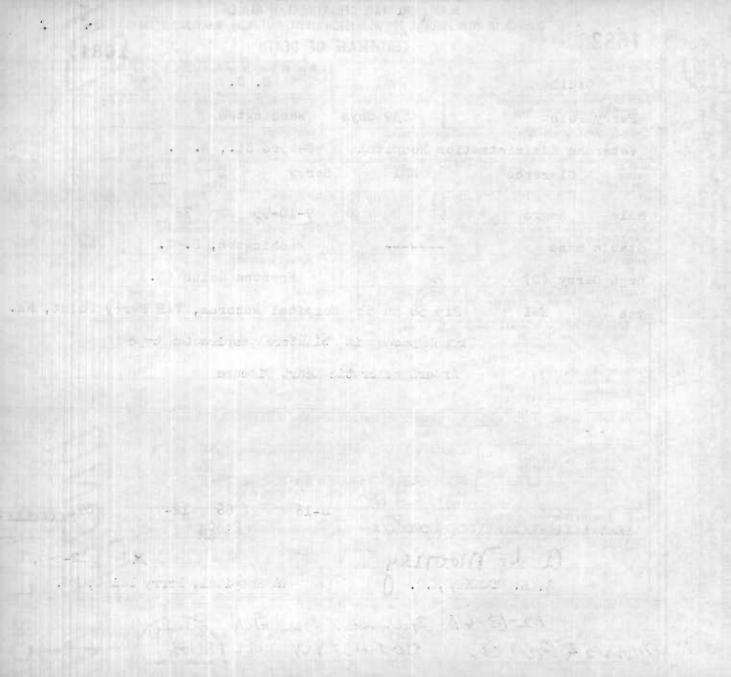
NAME (Type)

A. L. MOONEY, M.D.

23b. DATE THEREOF

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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/ 1	Item 20 Film 396 1-15-68 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	1
FOR STATE	16824 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 168	18
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY Cecil MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence to STATE Maryland Maryland Cecil	before odmission)
2, and 3 PM3. do	b. CITY OR TOWN (If outside corporate limits, write RURAL and give no Elkton c. CITY OR TOWN (If outside corporate limits, write RURAL and give no Elkton C. CITY OR TOWN (If outside corporate limits, write RURAL and give no Elkton Elkton D. CITY OR TOWN (If outside corporate limits, write RURAL and give no Elkton Elkton	07-1
=	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS Blue Ball Rd.	e. IS RESIDENCE ON A FARM? YES NO
Pa Vith Vith 72 2 2		Doy Year 25, 19 67
office olong v ond 2 with the event within	Male White WIDOWED DIVORCED Mar. 1, 1948 19 yis.	oys Hours Min.
ncil in Item I niner's Office poges Iond 2 in ony event	during most of working life, even if retired) Machine Tender Elk Paper Co. Maryland Out	EN OF WHAT TRY? S.A.
Examine Examine File pog and in (13. FATHER'S NAME Walter Zee Brooks 14. MOTHER'S MAIDEN NAME Ella Irene Wagner	
Medical E permit. F emovol, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 217-50-0223Walter Z. Brooks, Elkton, Md.	
certificote, writing the word "pending" in pencil in ould be forwarded to the Chief Medicol Examiner's es. es. should be used as o buriol-transit permit. File pages is, prior to burial, cremation, or removal, and in ony	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carban manaxide infaxication DUE TO	ONSET AND DEATH
d to the oburiol.	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse DUE TO	
used as burial, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
files. 3 should be to should be usent, prior to	200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Doy, Yeor 201. TIME OF INJURY Month, Doy, Yeor 202. TIME OF INJURY Month, Doy, Yeor 203. TIME OF INJURY Month, Doy, Yeor 204. TIME OF INJURY Month, Doy, Yeor 205. TIME OF INJURY Month, Doy, Yeor 206. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	
our tiles. ige 3 should l agent, prior	20c. TIME OF INJURY Month, Doy, Yeor Foundour o.m. 12-1757 20d. ANDURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) County foctory, street, office bldg., etc.) Of work Download Rd. residence Elkton Cec	
IRECTOR: Podesignated		and in my apinian
retained 1	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Giry or Town) (Co	17 An Elyka
7 P	230. BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Giry or Town) (Correction) (Cor	ounty) (Stote)
15ME (5)	Hicks Nome for Funerals, Elkton, Md. DANAN 4 1968 Charles	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16825 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR-STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY CECIL MARYLAND Massachusetts delay P b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Elkton Rock Port e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Office along with form in Item 18. Give Pages 1 NO X Union Hospital YES Eden Road be executed within 24 hours ofter deoth. NAME OF First Middle 4. DATE Doy Year lond2 with the S DECEASED DEATH December (Type or print) HARRIET 19 67 BURBEE IF UNDER 24 HRS. S. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED Female White 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired ORK HOUJE WI pending" in pencil in ef Medical Exominer's 13. FATHER'S NAME in pencil File 16. SOCIAL SECURITY NO. 17. INFORMANT GLADYS B. GALE - ROCK PORT, MASS, within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit event ONSET AND DEATH PART I. DEATH WAS CAUSED BY Multiple traumatic injuries IMMEDIATE CAUSE (o) Chi This certificate should writing the word DUE TO ony Conditions, if ony, which gove (b) rise to immediate couse (a), farworded to DUF TO stoting the underlying couse 0 OS last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY removal, PERFORMED? CERTIFICATION please execute the certificate, YES V NO 20a. EXTERNAL CAUSE WAS PRIMARY € or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should 0 Poge 4 should CAUSE OF DEATH Subject, passenger in auto-truck collision cremotion, 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page While Not While 19 67 Elkton Md. ot wark ot work Street Cecil 21. I certify that I took charge of the remains described obave, held on Autopsy X Inquiry Inspection ond in my opinion Accident XX. funerol director. deoth resulted from: Noturol couses Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER 5 may be reto TO FUNERAL DI Heolth prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type December 2, 1967 NAME OF CEMETERY OR CREMATORY 25b. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR VR A15ME (5) Ocharles 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16826 CERTIFICATE OF DEATH 6820 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE o. COUNTY b. COUNTY MARYI AND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aftr papers. Rages hin 72 Jaurs aff b. CITY OR TOWN (If autside carparate limits. CLENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) NORTHGAST d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? filled NO K YES within carban NAME OF DATE Last Month Day Year DECEASED -AMPBELL (Type or print) 196 DEATH SEX IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Haurs and in any WIDOWED and 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) PETIRED ENN. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Address 40 LAKEYIEYY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service MPBELL MOORESTOWN N.J.080 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY enile cardibrascular IMMEDIATE CAUSE (o) signed by by the hospital ar attending physician. DUE TO burial Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? has NO X certificate 'or 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Not While at wark 1962 ta 12-11 . 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. Page 4 may be retained and that death occurred at ? * PM, fram causes and on the dote stated above. TO FUNERAL DIRECTOR: Naw the deceased alive an **SIGNATURE** 22b. DATE SIGNED 2-11-6 M.D. PHYS DIRECTOR director, page 3 shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23h. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) SLATEVILLE PRES. CH. YARD DELTA PA. PUNERAL DIRECTOR VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

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death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 baurs of the Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION OF	VITAL RI	ECORDS, 301 W. F	RESTO	N STREET, BALTI	MORE, MAR	YLAND 21201		bearing the
	16828	3		CERTIFI	CATE	OF DEATH			168	22
	PLACE OF DEATH o. COUNTY	Cecil		MARYL		o. STATE	Marylan		Ken	it 🗸
	b. CITY OR TOWN (If outside corporate limits, d give nearest tawn) VILLE		c. LENGTH OF STAY IN				ote limits, write RUR	AL and give n	earest tawn)
-	d NAME OF HOSPIT	AL OR INSTITUTION (If not in	hospital a	8 Month	S	d. STREET ADDRESS	ertowni			e. IS RESIDENCE
		ital, Perry					alvert	Street		ON A FARM? YES NO X
	NAME OF DECEASED (Type or print)	First WAI.T		Middle	(Lost CANN	4. DATE OF DEATH	Month		Doy Year 12 19 67
S.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	☐ B.	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.
L	Male		WIDOWED			5-30-91		76 yrs.		
	ing most of working	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Cou	nty & State, ar fo	reign country)	12. CITIZI COUN	EN OF WHAT TRY?
12	Laborer FATHER'S NAME				-	14. MOTHER'S MAIDE	ettown,	Md.	U.	S.A.
13.	Andrew C	ann (Deceas	(50			Mary Li		(Decease	a)	
15.	WAS DESCRASED DU	DINILIS ADMED FORCES	11/ 6	OCIAL SECURITY NO.	17. IN	NFORMANT	- very	Addres		
(Ye	es, no or unknown) Yes	(If yes give war or dates of se	22 (rvice)	0-01-8024	VA	Hospital	Record	s, Perry	Point,	Md.
		e couse (o),	Vent	(o), (b), ond (d), ricular Fil eriosclero teriosclero	tic (Coronary F	Heart D		ma	INTERVAL BETWEEN ONSET AND DEATH Sudden
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS CONT	RIBUTING T	O DEATH BUT NOT RELAT	TED TO TH	HE TERMINAL DISEASE	CONDITION GIV	EN IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	URRED. (I	Enter noture of injury	in Port I or Po	rt II of item 1B.)	230	
MEDICA	20c. TIME OF INJU Hour o.r p.r	10		JURY OCCURRED Not While of work		E OF INJURY (Home, fory, street, office bldg., e		(City or town)	(Count	y) (Stote)
	21. I certi	fy that (1) (this hospiterenses alive or xxx	ol) attend	led the deceosed fi	rom_A] nd thot	pril 12 death accurred	, 19 <u>67</u> ot <u>8L30</u> A/	noDec. 12 M, from causes o	, 19 <u>67</u> and an the	dote stated abay
		Q.L	m	coney	M.D.		MED. DIRECTOR	STAFF PHYS. XX	12-1	
	22c. PHYSICIAN'S NAME (Type		oney,	M.D. (22d. ADDRESS VAH.	Perry	Point, M	d.	
	REMOVAL (Specify	23b. DATE THERE		23c. NAME OF CEMET		tery	Ch	ocation (City or Tow estertow	m. Ke	
	4. FUNERAL DIRECTO	WALLEY Funer	,	ADDRESS		2So. R	NEC 1	9 1967 REG	ISTRAR'S SIGN	as Julig2

1.7.7. Lett proceed the transmit William College Doller, Mr. 33, Chivard Chicago 10-2-0 (915000) 5.1 (...) STALL FEBRUARY OF THE WAR PROPERTY OF THE PARTY OF THE PA . Joi 10.0 , 219 (July 120) 1

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16829 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 hours after CLENGTH OF STAY IN 1h b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give RURAL and give nearest town) 10 d. NAME OF HOSPIFAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? paper NO NO YFS WILLIAM NAME OF Middle DATE corbon Last Month Day Year completely DECEASED OF Josephine 19 67 Mackie Dac (Type or print) Corcoran DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED Jost birthday) Months Hours WIDOWED DIVORCED ond in any 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired physicion o TME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, 17. INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service) 8280 CORCORKIY RD 3 ELYTON. cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit p PART I. DEATH WAS CAUSED BY: Arteriosclerotic Heart. Disease IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse this certificate has been Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use YES [NO 3 Corenary occlusion with apical infarct/ 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or Iown) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) Nat While factory, street, affice blda., etc.) at wark FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) rettended the deceased from from 2H Dec 679, to Dec 6719, that (I) (we) last ond that death accurred at 5:15 MANON causes and on the date stated above Dec 679 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 29 Dec 67 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Cecilton Md. NAME (Type) director, Wallace Obehsian 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) 0 REGISTRAR'S SIGNATUR REC'D BY REGISTRAR 2Sb. VR A15 (4) 20 M 1/66 1968 DATEJAN

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16830 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Cecil o. STATE b. COUNTY Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) Elkton l day North East ⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Union Hospital 10 Race St. NO 3 NAME OF First Middle 4. DATE Lost Manth DECEASED LILLY M. COSSER (Type or print) 13 19 67 DEATH Dec. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8 DATE OF SIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Doys White DIVORCED [July 21, 1873 WIDOWFD Female 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **COUNTRY?** Ohio County

14. MOTHER'S MAIDEN NAME Housewife

13. FATHER'S NAME W. Va. USA William Bowman Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 695 B (Yes, no, ar unknown) (If yes give war or dotes of service) 213-26-1298 7 Balt. Md. 21219 No David G. Cosser 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Hypertensive Cardiovaseular Renal Disease Generalizad arteriolar selevosis DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED (City or town) (County) (State) factory, street, office bldg., etc.) Jan 1955 to 13 Dec 21. I certify that (I) (this haspital) ottended the deceased fram____ _, 1967, thot(1) (we) last saw the deceased alive an 13 Oct 1967, and that death accurred at 11:20 M, from causes ond an the date stated above. 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. 22c. PHYSICIAN'S KLAUS H. HUEBNER NORTH EAST Red NAME (Type) director, should b 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) 12-16-67 Cecil West Nottingham Presby. Colora Md. Burial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADBOX 22 North East, Md. DATE Grant Funeral Home

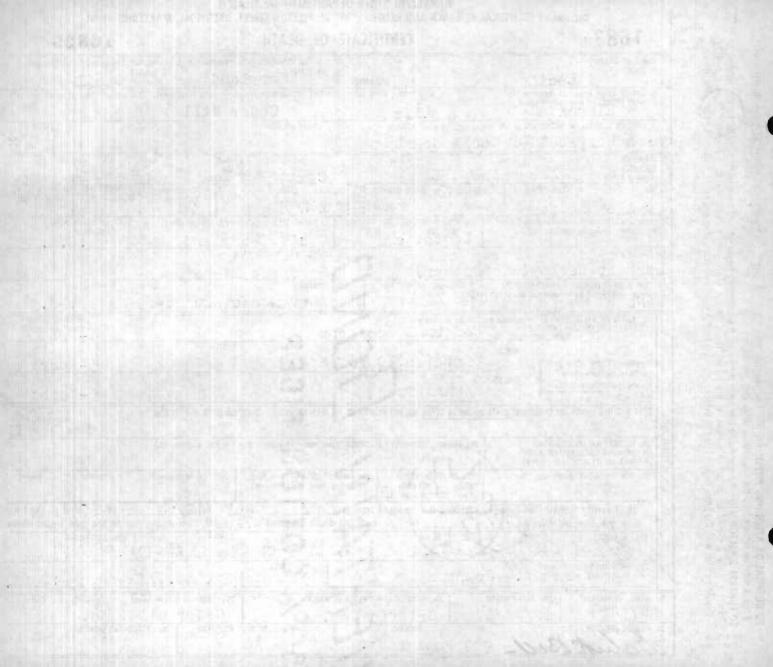
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16831 CERTIFICATE OF DEATH 16825 death requires that the death certificate be executed within 24 haurs after death l and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Maryland Cecil MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. write RURAL and give neorest town) Ceder Hill Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? and campletely filled/in d. STREET ADDRESS crematian, ar remaval, and in any event, within 72 Union Hospital Of Cecil County YES NO 2 3. NAME OF First Middle Lost 4. DATE Month Year Doy DECEASED Josephine Cox (Type or print) DEATH 19 S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours Female WIDOWED DIVORCED Negro 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Domestic Cecil, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herbert Wesley (Stepfather) Gertrude Richardson WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, np. or unknown) (If yes give wor or dotes of service) Ella Coverdale (Daughter) Elkton, Md. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o)

Cerebral INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Cerebral Accident Page 4 may be retained by the haspital ar attending physician. DUE TO Diabetes, Cardiac 5-Years Canditions, if any, which gove rise to immediate couse (a), DUF TO stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to Nephritis 5-Years lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO YES T 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) 19 ot work ot work 21. I certify that (I) (this hoppital) attended the deceased fram 1/20/say the deceased alive on 1/24/19/07, and that death tal 2/24 19_67that (1) (we) last 1967 1967, and that death accurred at 7:00 M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. X DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (Type) Jame Johnson East High St., Elkton, Cecil. Id. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burlal (Specify) Ceder Hill Griffin Cem Md. 9 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE usylly VR A15 (4) 20 M 1/66 DATEJAN Poplar St.

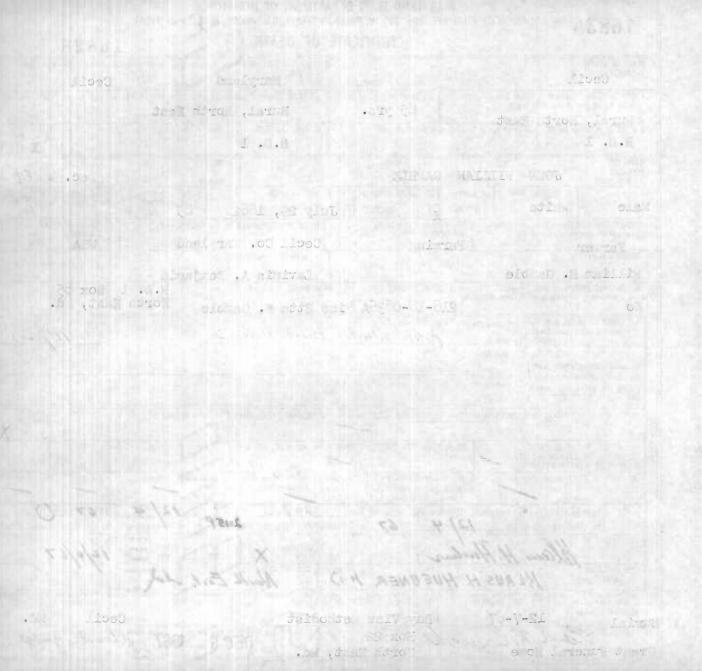


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 003 CERTIFICATE OF DEATH 6826 funeral and 2 death. hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Cecil Maryland Cecil MARYLAND af b. CITY DR TOWN (If outside corporate limits, C. LENGTH DF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Elkton 1 hr. 55 min North East d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ove carbon-papels ON A FARM? Union Hospital 127 S. Main St. YES ND Y executed within completely NAME DE 3. First Middle DATE Month Last Year DECEASED Stephen Paul Crouch (Type or print) DEATH 1967 Dec. 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED етоме DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 9. last birthday) | Months | any Days and Hours Dec. 9, 1967 Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician n please r E 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? and Cecil Co. Maryland None USA None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending permit. Then Paul R. Crouch Jeannette Albanese 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Bedres 22 (Yes, no, or unkown) (If yes give war or dates of service) this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or None Paul R. Crouch North East, Md. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) fetal The law requires that the or attending physician. DUE TO ceterine Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X the hospital 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by ATTENDING at work at work 3 should with the 21. I certify that (D)(this hospital) attended the deceased from TO FUNERAL DIRECTOR: and that death occurred at \$25M, from the causes and on the date stated above. saw the deceased alive on. 179 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. Page 4 may b M.D. DIRECTOR PHYS. director, pag should be file ADDRESS PHYSICIAN'S 22d. NAME (Type) Jay S. Barnhart Mauldin Ave. Jr. North East, Md. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREDE 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 12-11-67 Cecil Md. Elkton Cemetery Elkton 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Box 22 VR A15 (4) 196 DATE DEC North East, Grant Funeral Home 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16833 CERTIFICATE OF DEATH **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours after deoth Poge 4 may be retained by the hospitol or ottending physician. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. STATE b. COUNTY o. COUNTY ecil MARYLAND b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If Butside corparate limits, write RURAL and give nearest town) Carleville Ikton papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled R.F.D. Union Hospital YES NO event, within 4. DATE Middle 3. NAME OF Last Month Doy Year remove carbon completely DeHaven DECEASED OF lames DEATH (Type or print) IF UNDER 24 HRS IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH AGE (In veors 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthdoy) Manths Hours buriol, cremotion, or removol, and in any WIDOWED X DIVORCED tune 6. au 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY pleose physician Pa. arpenter Retined 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME en loseph 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN] Address (Yes, no, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) Cerebral Thrombosis L days signed by DUF TO Cerebral Arteriosclerosis Conditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying couse DIRECTOR: After this certificate has been prior to WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) use Heolth p YES [NO Spontaneous Hypoglycemia 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice blda., etc.) Nat While of wark at work 21. I certify that (1) (this haspital) attended the deceased from 19____, that (I) (we) last 19 ___ ta_ , and that death accurred ot_ M. from causes and on the date stated above sow the deceased alive on, 22b. DATE SIGNED 22g SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR , poge 3 be filed 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) Cecilton, Maryland Wallace Obenshain directar, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Linwood, emetery Delaware 2Sb. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Patterson & Son, Perryville,

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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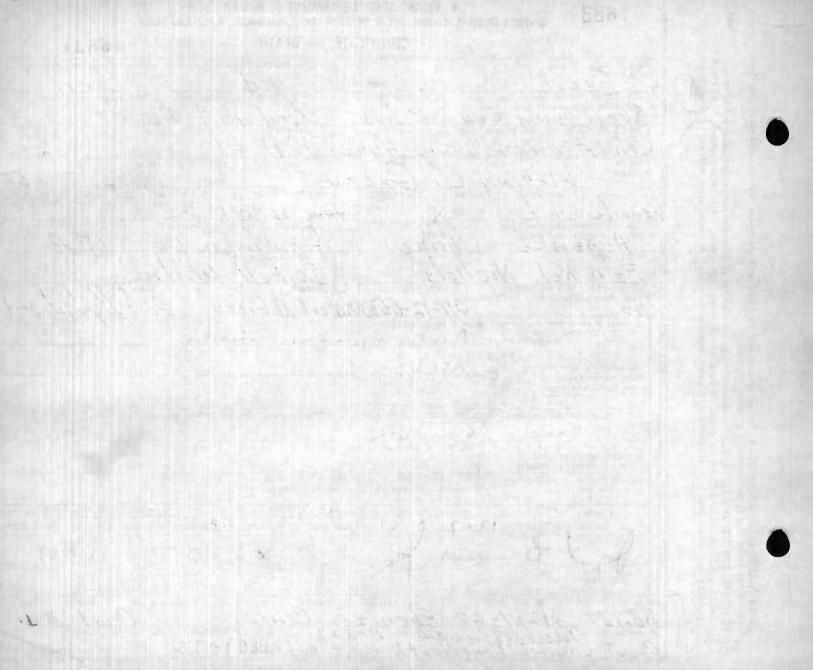
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write RURAL and give peorest town)	3 urs.	Perry Point	A7-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in he			I e. IS RESIDENCE
1144 Ave. B		1144 Ave. B	ON A FARM? YES NO K
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(Type or print) Victo	ria	Geslock DEATH De	c. 9. 1967
. SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female (au. WII	DOWED X DIVORCED	San 29. 1889 To lost birthdoy	
Oo. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11, BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT
uring most of working life (even if retired)	INDUSTRY	Poland	COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	- Cont
Unknown		Unknown	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		Address
(Yes, no, or unknown) (If yes give wor or dotes of serving)	You		
		sa G. Rodriguez, Perry Pa	
18. CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY:	line for (o), (b), ond (c).)	1 10-0	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	Congestine 19	east failure	ONSET AND DEATH
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OR CONTRIBUTING CAUSE OF DEATH	ZOB. DESCRIBE HOW MOOK! OCCORRED.	times house of injury in role to trott it at hem to.	
TUF CUITER, NUTIFI MEDICAL EXAMINER	COL MUNICIPAL TO DE DE	er or hillion at	16 13
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		CE OF INJURY (Home, form, 20f. (City or town tory, street, office bldg., etc.)	n) (County) (State)
p.m. 19	ot work of work		THE PERSON NAMED IN
21. I certify that (1) (this haspital)	attended the deceased fram_	Nov , 1964, to Dee	
saw the deceased glive on Dec	919 <u>67</u> , and tha	t death occurred at 5:40AM, from caus	es and on the date stoted obove
220. SIGNATURE	201	ATTENDING MED. STAFF	22b. DATE SIGNED
M. Mooreque -	-Degodo M.		□ 12-9-67
22c. PHYSICIAN'S	0 1 1	22d. ADDRESS	
NAME (Type) H. Rodriguez	- Velgado M.). Perry Point, Ad.	
30. BURIAL, CREMATION, 23b, DATE THEREOF	23c. NAME OF CEMETERY OR		r Town) (County) (Stote)
REMOVAL (Specify)	6967 Our Mother of	cemo M+ Can	1 0
24. FONERAL DESCRIPTION	ADDRESS		REGISTRAR'S SIGNATURE
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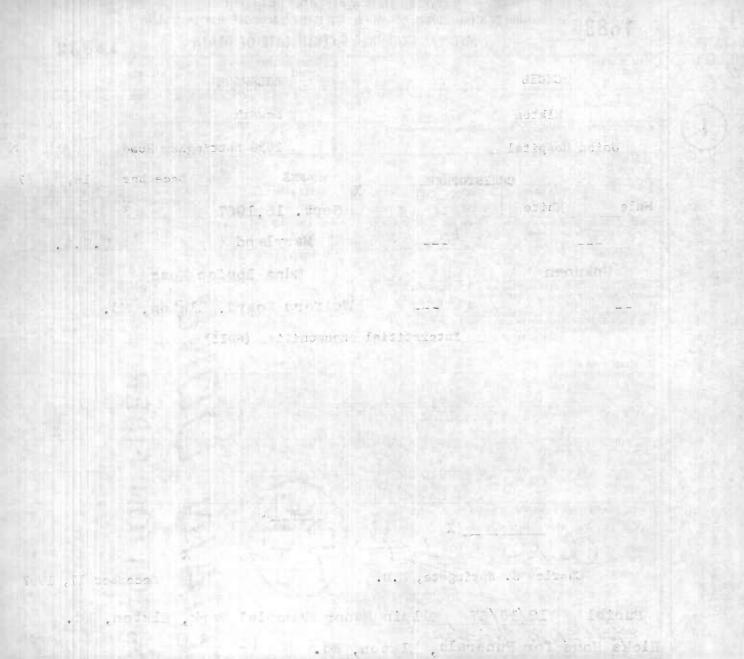
the funeral **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. It should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 your

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2	1	1	MARYLAND STATE DEPARTMENT OF HEAL DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOR	
	. 2		CERTIFICATE OF DEATH	1683;
	after deoth he funeral ges 1 and 2 often deoth) -	o. COUNTY (e c) MARYLAND O. STATE 121 de	b. (OUNTY de corparate limits, write RURAL and give nearest town)
•	in 24 hours after filled in by the popers. Pages thin 72 hours after	0	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. Vert Manor Niessia Horse De Hospital or institution (If not in hospital, give street address)	Fort Degros 1 to 15 RESIDENCE ON A FARM? YES NO NO
	strificote be executed within 24 h physicion ond completely filled in en please remove corbon papers oval, and in ony event, within 72 h	3.	NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED BIVORCED DIVORCED TUNE 10, 180	4. DATE Month Doy Year OF DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hrs. Months Doys Hours Min.
	certificote be e physicion ond hen pleose rer noval, and in o	du	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) FATHER'S NAME. 10b. KIND OF BUSINESS OR INDUSTRY FOR THE STANDARY INDUSTRY 11. BIRTHPLACE (County & STANDARY INDUSTRY) 12. MOTHER'S MAIDEN NA The standary industry i	Stote, or foreign country) 12. (ITIZEN OF WHAT COUNTRY?)
	Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. Solution on the completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove corbon pages 7 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 have attended to the contraction of the corporation of	15 (9	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) DUE TO	en Port Deposit Mid. INTERVAL BETWEEN ONSET AND DEATH
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	IDING PHY J by the ho After this c I be detach State Dept	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While Not While at work 21. 1 certify that (1) (this haspital) attended the deceased fram 19, 19	20f. (City or town) (County) (Stote)
•	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use os the burial-transhould be filed with the State Dept. of Health prior to buriol, cre		22 SIGNATURE ATTENDING - M	ED. STAFF PHYS. 22b. DATE SIGNED PHYS. 12-P-67
	TO HOS OF THE PROPERTY OF THE	4	BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 12 11-67 FEBRUARY REMOVAL (Specify) 12 12 256. REC'D E REMOTE TO THE SPECIFIC STATE OF THE SPECIFIC STAT	23d. LOCATION (City or Town) (County) (Stote) REGISTRAR 25b. REGISTRAR'S SIGNATURE 1 2 1967 YCLIANDA YUGAN
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	PLACE OF DEATH			·····		2. USUAL RESIDENCE (V	Vhere deceosed l	ved, if instituti	on: Residen	ce before	e odmissio	on)
	o. COUNTY	Cecil		MARY	AND	o. STATE Ma.	ryland	b. COUN	Ha.	rfor	'd	
	b. CITY OR TOWN	(If outside corporate limits,		c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou	tside corporote li	nits, write RUF	AL ond give	neoresi	town)	
7	write RURAL ar	d give nearest town)									13	1
-	erry Poi	TAL OR INSTITUTION (If nat	de beseivel ein	6 days		d. STREET ADDRESS	vre de C	race		17	e. IS RESID	VENICE
							DOCK TIN			,	ON A FA	ARM?
		Administrat:	ion Hos			820) Market	Stree	t		YES	NO 3
3.	NAME OF DECEASED	Firs	it.	Middle	37.3	Lost	4. DATE OF	Mont	h	Doy	Yeo	ar
	(Type or print)	L	EONARD	L.	HOP	KINS	DEATH DE	cember	28		19	67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH		E (In years	IF UNDER		IF UNDER	_
1	(al e	White	WIDOWED T	DIVORCED	x	7/6/99	68	st birthday) yrs.	Months	Doys	Hours	Min.
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dui	ring most of working	life, even if retired)		ISTRY						UNTRY?		
12	rtillery FATHER'S NAME	Helper				Carasaugua	Pa.			SA		
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	John Hopk					Cecelia Sho	enberge					
		ER IN U.S. ARMED FORCES? ((If yes give wor or dates of		CIAL SECURITY NO.	17.	INFORMANT		Addre	SS			
1,	Yes	WWII	215	-28-5563	Ho	spital Recor	rds, VAF	Perry	Poin	t, 1	Id.	
		EATH (Enter only one cous	e per line for (a), (b), ond (c).)							ERVAL BET	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (Acut	e myocar	dia:	linfarctio	n			ON:	SET AND D	DEATH
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CERTIFICATION	20o. ACCIDENT WA	AS UNDERLYING G CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OC	CURRED.	(Enter nature of injury in I	Part I or Part II	of item 18.)				
		MEDICAL EXAMINER)										
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	22c. PHYSICIAN'	W.L.	11/0	orung	Μ.	D. PHYS. L 22d. ADDRESS	DIRECTOR L	PHYS.		2/2	9/67	
	NAME (Type		MOONEY	0		VA Hosp	ital. E	erry 1	Point	. Ma	arvl	and
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23	o. BURIAL CREMATI REMOVAL (Specif		REOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d_LOCATI	ON (City or To	wn)	(County)	2015	itote)
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7	4. FUNERAL DIRECT	OR /	- 11	ADDRESS 1		BACK	BY REGISTRAR		CISTRAR'S S	IGNATUR	E	1.00
1	Jenne	notan ton	J, 1-14	vielle D.	rea	DATE J	AN Z	1968	Fue	rles	Jud	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 nours after death,

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16840 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 16834 HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY and 3 to M3. Poge Cec 11 Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 2, and PM3. F Departh Elkton North East d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in Item 18. Give Pages 1, the Chief Medical Exominer's Office olong with form State Union Hospital NO X North East, Md be executed within 24 hours after death. NAME OF 4. DATE First Doy Year DECEASED CASSEL December (Type or print) rames DEATH HOWERY 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Months Days after deoth. WIDOWED DIVORCED .1905 August Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) **INDUSTRY** Machine Shop Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Claudia Hawley Edd Howerv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Mable Howery. North East. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary embolus IMMEDIATE CAUSE (o) This certificate should DUF TO ony Conditions, if ony, which gove 0 nse to immediate couse (o), DUE TO stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY removol. PERFORMED? YES 😾 NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, form, (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) ot work 21. I certify that I took charge of the remains described above, held on Autopsy X, Inspection Inquiry and in my apinian death resulted fram: Natural causes X - Accident | Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Z prior DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth 1 Address (Street, city, town, or county) NAME (Type) Edward F. Wilson, M.D.
ON, 23b. DATE THEREOF 23c. NA December 8, 1967 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) 50 REMOVAL (Specify)
Burian Ebenezer Meth. Cemetery. Ebenezer, Cecil Bur: 24. FUNERAL DIRECTOR VR A 15ME (5) DATDEC 1967 6M 1/67 for Funerals Elkton, Md. Home

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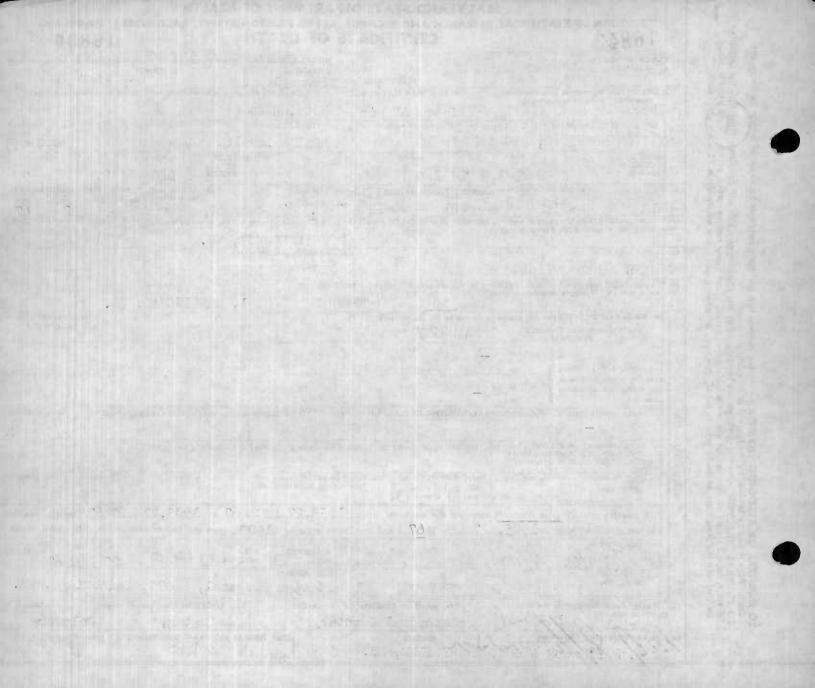


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MARYLAND STATE DEPARTMENT OF HEALTH

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Poges T and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after depth.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.		Heart Di	28,636	INTERVAL BETWEEN ONSET AND DEATH
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NG PHN y the hi er this e detacl	MEDICAL	Hour o.m. While of work	LI of work LI	ry, street, office bldg., etc.)	Df. (City or town)	(County) (Stote)
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		22d. SIGNATURE 22c. PHYSICIAN'S	esser M.D.	ATTENDING MED. PHYS. DIRECTO	OR STAFF PHYS.	22b. DATE SIGNED 12-20-67
ro Hospital Page 4 may o Funeral directar, pag should be fil	25	NAME (Type) Tillman 1. J.	shusan M.1)	123 Singe	ely Ave.	Elfton, rd.
TO HC Page TO FUI direc shou	1	D. BURRAL, CREMATION, REMOVAL (Specify) 12 - 2 2 - 6 7 14. FUNERAL DIRECTOR	23c. NAME OF CEMETERY OR C		LOCATION (City or Town)	(County) (State) ルミンス ストラ、 RAR'S SIGNATURE
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Harford c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? 138 Maulsby Street NO V Doy Yeor 19 67 December 25 IF LINDER 1 YEAR JF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Medical Records, VAH, Perry Point, Md. INTERVAL BETWEEN 10 days 6 years 19. WAS AUTOPSY PERFORMED? YES KE NO (County) (Stote) 150 Dec. 25, 1967, that (1) (we) last 19 67, and that death accurred at 8:20 M, fram causes and an the date stated above. 22b. DATE SIGNED 12/26/67 TO FUNERAL director, po VAH. Perry Point, Maryland (Stote) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE DEC Pennington & Son. Havre de Grace

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Porty Folia, Beryland, 165 appr | bon | Bengir | A Hard Lead, There to turb, Leading at the Little bear farming and the of the state of th Propose a manage, but every, never a societa . or 10 of 6 emercial maio como a testa lement labour Laternal , Densel of the All Control of the Control The same of the sa E SEA REMERCIALE Later to the control of the control The same of the sa

16845 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) deo a. COUNTY offer Cecil Virginia . MARYLAND Fairfax b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b 23 yrs, 8 mos c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Perry Point Alexandria d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) = d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled i VA Hospital YES NO XX Rural NAME OF First Middle 4. DATE Last Day Year DECEASED Jordan Whitley Mayo DEATH December IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Hours Male White March 22, 1904 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) Transportation COUNTRY? Greenville, N.Carolina Bus Driver U.S.A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Louis Allen Mayo Iula S. Whitley IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service 226-26-2263 50 VA Hospital Records, Perry Point, Md. Yes 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN 150NS DANDENTH Acute Myocordial inforation IMMEDIATE CAUSE (a) Arteriosclerotic heart disease, severe with DUE TO Canditians, if any, which gave recent occlusion of right coromary artery years rise to immediate couse (a). DUE TO stating the underlying cause 30-60 min. Pulmonary edema, acute, marked, bilat. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) this certificate has YES XX NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Nat While at wark 1944 to Dec. 24 SON THE COMMITTEE AND THE COURSE AND THE COURSE AND THE COURSE AND AND THE COURSE AND AND THE COURSE AND THE CO TO FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED 12-24-67 DIRECTOR 22c. PHYSICIAN'S NAME (Type) VA Hospital, Perry Point, Md. 23a. BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 12-24-Removal FUNERAL DIRECTOR **ADDRESS** 25g, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67 DATE DEC

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Cecil Md. Cecil MARYI AND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Cecilton = papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE and completely filled thin 72 ON A FARM? Union Hospital YES NO K executed within NAME OF carbon First Middle Last DATE Month Day Year 4. DECEASED event, (Type or print) LEROY McCAULEY DEATH December 19 67 remove 6. COLOR OR RACE ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5 SFX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours 1 in any October, 2, 1897 Male White WIDOWED [DIVORCED physician and please reval, and in 10a. USUAL OCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even If retired) INDUSTRY COUNTRY? U.S.A. Salesman Automobile Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phoremit. Then I removal Frank McCaulev Anna Lanev the attend it permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO, | 17. INFORMANT Address 50 (Yes, no, or unkown) (If yes give war or dates of service) 217-03-1289-A Mrs. Marie M. McCauley, Cecilton, Md. 21913 cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN signed by th urial-transit that the ONSET AND DEATH Massive infarction PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to Page 4 may be retained by the hospital or attending physician. hours IMMEDIATE CAUSE (a) Jins sheen so the burial, contral, cont DUE TO Arteriosclerotic Heart Disease years Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th prior underlying cause last. 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) for use PERFORMED? certificate with metastases to rt femur with fracture NO P YES [Hypernephroma, '20a, Accordit was underlying in or contributing in cause of death (if either, notify medical examiner) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) this certified detached for the Dept. of 1 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While While J FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State p.m. at work at work Dec 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at alm, from the causes and on the date stated above. 1967 saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYSICIAN'S 22d. ADDRESS 22c. Cecilton, Md, 21913 Wallace Obenshain. M.D. (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, Burial (Specify) 2 Galena, Kent, Md. Dec.11,1967 Galena Cemetery 25a. REC'D BY RECISTRAR | 25b. RECISTRAR'S SICNATURE 24. FUNERAL DIRECTOR ADDRESS Edward Fellows & Son. Millington, Md. 21651 VR A.15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16847 CERTIFICATE OF DEATH 16841 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH o. COUNTY b. COUNTY o. STATE CECIL MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside carporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) KTONY e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STRÉET ADDRESS paper ON A FARM? event, within 72 NO K NION YES The law requires that the death certificate be executed within 3. NAME OF 4. DATE Middle Manth Doy Yeor DECEASED 196/ MEI 28 (Type or print) WILLIAM DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Jast birthdoy) WIDOWED DIVORCED and in any 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? physician TOWN 4ESAPEARE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, TOKN 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 13-10-4768ABLANCKE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse as the 19. WAS AUTOPSY PERFORMED? has PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO DX YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) at work 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred fram causes and an the date stated above saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 2-29-67 M.D. DIRECTOR 22c. PHYSICIAN'S NAME (Type) HENR HESAPEAKE should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) WARWICK CRCIL 2Sa. REC'D BY REGISJRAR 25b. REGISTRAR'S SIGNATURE DATE JAN PIN FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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terde		PLACE OF DEATH					2. USUAL RESIDENCE o. STATE	(Where deced			nce before or	dmission)
ie.		Ce	o. STATE Virginia b. COUNTY									
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point 36 days						c. CITY OR TOWN (If o	utside corpor	rote limits, write F	RURAL ond giv	e neorest to	wn)
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E/11		Vetera	ns Adminis	tratio	n Hospita	al	907 2nd	Stree	et			□ NO 🔽
within 72 hou		NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE OF	Mo	onth	Doy	Year	
		(Type or print)	Lowell		Leslie		Niel Sr.	DEATH			7	1967
buriol, cremation, or removal, ond in ony event,	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		B. DATE OF BIRTH		AGE (In years lost birthdoy)	IF UNDER Months		UNDER 24 HRS.
ony	- 10	Male	White	WIDOWED	DIVORCE	ED X	11-06-08		59 Yrs.			
=			N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	y & State, or fo	oreign country)		TIZEN OF W	HAT
0		Caretak		-			Waterloo	, Net	raska		USA	
, ,	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		Bert Ni					Martha	Hivel	y		100	
<u> </u>	IŞ. (Ye	WAS DECEASED EVE es, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service) 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Ad	dress		
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		1361	DUE								-	
	33	Conditions, if ony, which gove is to immediate cause (o), (b) Ruptured Necrotic Tumor Nodule in liver										
2		stoting the underlying couse Due to Carcinoma of Liver, with										
		lost.			multiple :							
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	CERTIFICATION		CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or Po	ort II of item 18.)			
		-	MEDICAL EXAMINER) URY Month, Doy, Yeor	20d IN	JURY OCCURRED	20a PI A	CE OF INJURY (Home, for	m, 20f.	(City or town)	((0	unty)	(Stote)
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		21. I certi	fy that (1) (this has	oital) attend	led the deceased	from	dogth accurred a	14 07,	M from couse	c and an t	AMMIX, C. cl	isokowyki.
		220. SIGNATURE	ALMONDA JUNEAUNA	AAAAA	AAAAWAAA	Lagua III a	dealli accorred a	3:13M	in, from cause		ATE SIGNED	idled dbove.
		220. SIONATORE	a.L.)	Mar	noul	м.[ATTENDING	MED. DIRECTOR	STAFF PHYS.		-8-67	
		22c. PHYSICIAN'S		1100	ray	JVI.L	22d. ADDRESS	DIKECTOR	FIII3.		0 01	
		NAME (Type) A. L.	MOONEY	, M.D.		VA Hospi				ld.	
should be filed with the Stole Dept. of Heolfh pridr to	230	BURIAL CREMATI REMOVAL (Specify		REOF/ 2/17	23c. NAME OF CEA	METERY OR	CREMATORY	Va	OGATION (City or	Town)	(County)	(Stote)
	2A	FUNERAL DIRECTO	1	-/-	and the	Anne	DANCE DANCE	C 1 3		REGISTRAR'S		ye.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death.

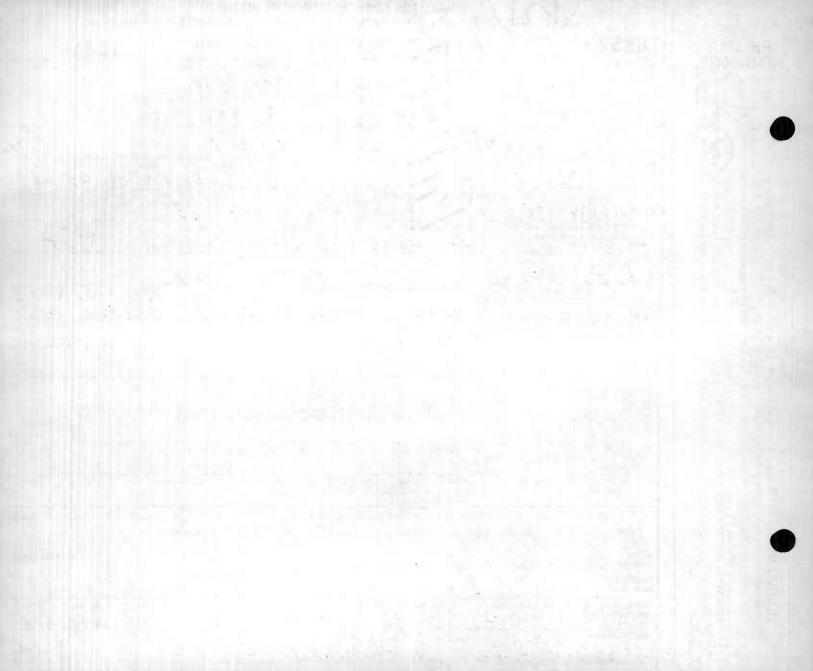
Poge 4 may be retained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral and completely filled in by the filled in by VR A15 25M 1/

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3 1	MARYLAND STATE DEP Division of STATISTICAL RESEARCH AND RECORDS, 301		
FOR STATE	16852 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH 16846	
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY CEC/L MARYLANO	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admis o. STATE MARVLANU b. COUNTY CECIL	ssion)
2, and 3 to PM3. Page	b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) C. LENGTH OF STAY IN 1b OCA	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL ELMTON	7-1
th. If erry of form PM referred form PM referred form PM referred for the property of the prop	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET AOORESS RD # 1 VES	SIOENCE FARM? NO
007	3. NAME OF DECEASED (Type of print) OLLIE MAY OF I	FIELD OF DECEMBER 25 15	year 967
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24 in r's es	10b. USUAL OCCUPATION (Give kind of wark done during most of wasking life, even it retired) A TO ME	11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY?	7
This certificate should be executed within 24 cate, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's be used os o burial-transit permit. File pages I to burial, cremation, or removal, and in any	13. FATHER'S NAME I. E. Stone	Hattie Combs	
ecuted ing" in edical E ermit. F iovol, o	(Yes, no, ar unknown) (If yes give wor or dates af service) No Ne	HORMANT WORFIELD FIXTON 12	35C
should be executed ne word "pending" in to the Chief Medical burial-transit permit. mation, or removol,	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Atteris 3clerof1	ic Heart Disease INTERVAL B	
ate should g the word ed to the C s o burial-tr cremation,	Canditions, if any, which gave rise to immediate cause (a),		
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his certifiate, writing to forwar be used to burion	PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH 201. DESCRIBE HOW INJURY OCCURRED. (E) CAUSE OF DEATH	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AL PERFOR YES	UTOPSY RMEO? NO 🚁
¥ _ P 0		Enter nature of injury in Port I or Port II of item 18.)	
EXAMINER: ute the certi oge 4 should your files. Page 3 shou		E OF INJURY (Home, form, ry, street, affice bldg., etc.) (City or town) (County)	(Stote)
MESTAL EXA pleose execute director. Poge retoined for you DIRECTOR: Pog ts designated o	21. I certify that I took charge of the remains described above, held death resulted fram: Natural causes Accident , Suicident	d an Autopsy 🔲, Inspection 🕽, Inquiry 🗗 ond in my de 🔲, Homicide 🔲, Undetermined manner 🔲	y opinion
JIY MED.C. please eral director be retained RAL DIRECT or its design	ACTUAL SIGNATURE Lecase Lecase	M.D. ASSISTANT MEDICAL EXAMINER	TE SIGNED
O DEPUTY MESTAL EXAM necessory, pleose execute the funeral director. Poge 4 5 may be retained for your O FUNERAL DIRECTOR: Page Heglth or its designated age	EXAMINER'S NAME (Type) TillmanD Schuson M.D	Address (Street, city, town, or county) Elkton.	10/67
TO I the the S m S m S m S m S m S m S m S m S m S	230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CI	t Meth North East Cail	(State)
VR A15ME (5)	4. FUNERAL OIRECTOR Paris (Come BORESSON 22	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE The DEC 2.8 1967 Clearles Que	edel.



VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERM PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Cil o. STATE Delaware b. COUNTY deloy is 3 to PM3. Page MARYLAND b. CITY OR TOWN (If outside carporote limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest town) puo write RURAL and give nearest tawn)
Northeast Newark d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS word "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office olong with farm Hance's Point, NorthEast, Maryland 421 Orchard Road Item 18. Give Pages 24 hours ofter death. NAME OF 4. DATE First DECEASED (Type or print) GEORGE DEATH December NEVER MARRIED 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED lost birthdoy) White Male WIDOWED DIVORCED 74 yrs. 11 BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OF 10o. USUAL OCCUPATION (Give kind of work done poges 13. FATHER'S NAME be executed within 72 hours 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no. for unknown) (If yes give war or dates of service CATHERINE S. GRECG-NEWHRA within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-tronsit event PART I. DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (o) certificate should DUE TO ony Conditions, if ony, which gove te, writing the v forwarded to the (b) rise to immediate couse (a). .u DUE TO stoting the underlying couse 0 and removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) This certificote, 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 should 0 4 should drowned (was deceased when found) CAUSE OF DEATH cremotion, 20d. INJURY OCCURRED 2 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page X 19 67 at work Poge at work pleose execute 21. I certify that I took charge of the remains described above, held an Autapsy [X], Inquiry Inspection burio! the funeral directar. death resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER Heolth prior to ASSISTANT MEDICAL EXAMINER X SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Spitz, Werner U. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town)

VR A15ME (5) 6M 1/67

2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

(County)

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12. CITIZEN OF WHAT

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22. DATE SIGNED

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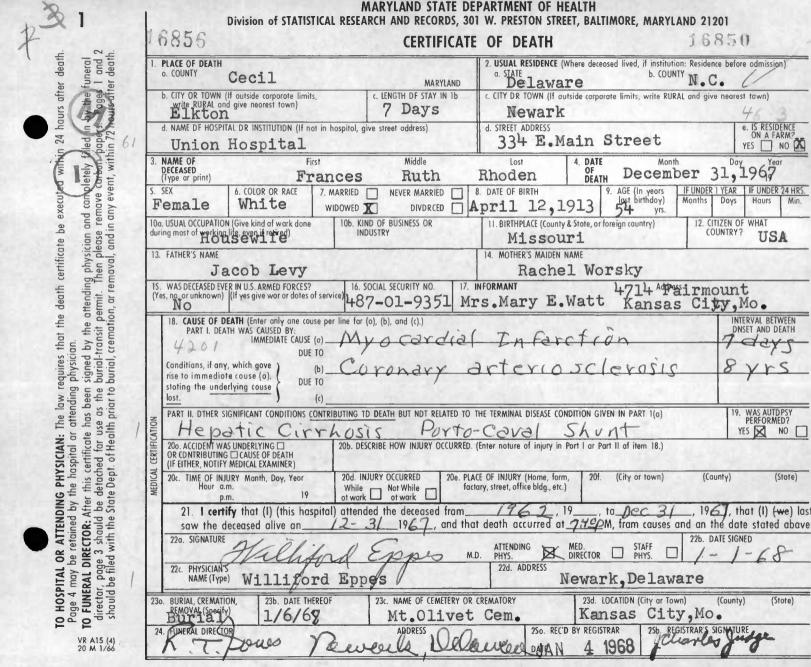
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1	MARYLAND STATE DEPARTMENT OF HEALTH → ♠ ♠ ♥ ♥ ♥ ♥ Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
FOR STATE	MEDICAL EVAMINEDIS CERTIFICATE OF DEATH	6849
EALTH DEPT. □ □ □ □ □	1. PLACE OF DEATH o. COUNTY Cecil MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence of STATE of Cecil Maryland	nce before admission)
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### 1 3 00 00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Route 5 Box 247 C. Route 5 Box 247 C. 3. NAME OF First Middle Lost 4. DATE Month	e. IS RESIDENCE ON A FARM? YES NO
8. Give Page alang with the with the Shat	OF OF OF OTHER CHARLES TO SEE THE CONTROL OF OF OTHER CHARLES TO SEE OF SEE OTHER CHARLES TO	
hours affer of them 18. Give Office alang volume 1 and 2 with the event within	Male White WIDOWED DIVORCED 6/10/1901 66 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CI	Doys Haurs Min. ITIZEN OF WHAT DUNTRY?
ithin 24 hours encil in Item I miner's Office pages land 2 I in any event	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	DUNTRY?
cuted wit ag" in pe dical Exar rmit. File ival, and	Stephen Charles Ragan, Sr. Mabel Alexander 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no No unknown) (If yes give war ar dates af service) 218-03-50 (Mrs. Kathryn Mathewson, Wil	m. Del.
INER: This certiticate should be executed within 24 hours after death. e certificate, writing the ward "pending" in pencil in Item 18. Give Page should be farwarded to the Chief Medical Examiner's Office along with fatiles. 3 should be used as a burial-transit permit. File pages land 2 with the State int, priar to burial, cremation, or remaval, and in any event within 72 has	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove is et a immediate cause (a), stating the underlying cause DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
e, writing farwarder farwarder s used as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, Lorent affice hide etc.) (City or town) (Co	head and fired state) Cecil 17d.
MEDTAL EXAMINER: blease execute the certif directar. Page 4 should etained far your files. DIRECTOR: Page 3 shoul s designated agent, prie	"21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, deoth resulted from: Notural causes, Accident, Suicide, Homicide, Undetermined monner	ond in my opinion
D DEPUT MEDICAL OF DEPCED IN THE FORM OF THE FUNCTORY, please extra the function of FUNERAL DIRECTORY Health at its design.	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MED	22. DATE SIGNED 12-26-67
necessary, the funero 5 may be 70 FUNERA Health ar	230. 8URIAL (REMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23d. LOCATION (City or Town)	(County) (State)
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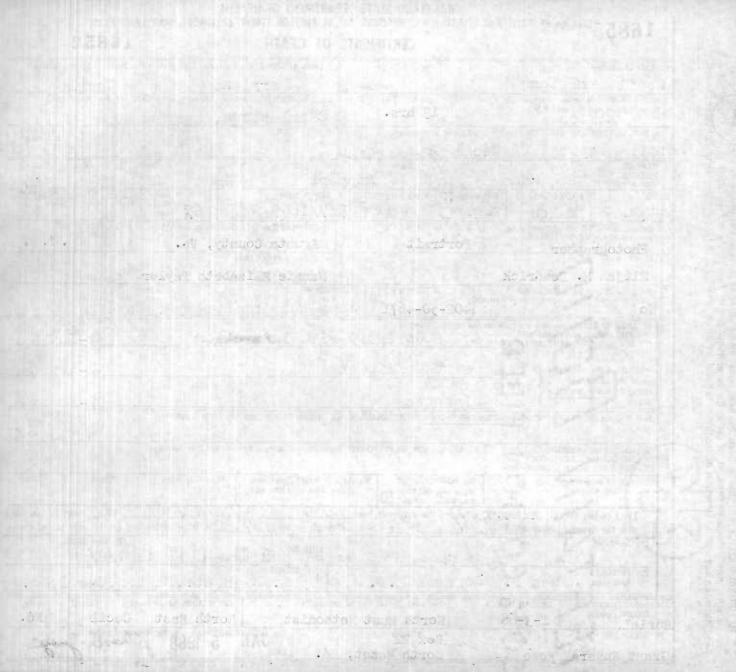
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_ 1	1	1000	DIVISION.	M/ OF VITAL R	ARYLAND STATE DE ECORDS, 301 W., PRESI	PARTMENT OF HEATON STREET, BALTIMO	ALTH DRE, MARYLAND 21201		
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mpl re c	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 1/7		Months Days	IF UNDER 24 HRS. Hours Min.
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#	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	of service) 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address		
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E PER PER PER PER PER PER PER PER PER PE	ERT	20o. ACCIDENT WAS OR CONTRIBUTING	EXCAUSE OF DEATH	20b. DE		down steps	ran I or Port II of Item 18.)		
IYSI nosp cer chec pt. c			MEDICAL EXAMINER) IRY Month, Doy, Yeor	1004 11		LACE OF INJURY (Home, form	n. 20f. (City or town)	(County)	(Stote)
OR ATTENDING PHYSICIAN: The low requires the be retained by the hospital or ottending physician. DIRECTOR: After this certificate has been signed by per 3 should be detached for use os the burial-transed with the State Dept. of Heolth prior to buriol, cre	MEDICAL	12: 4 Hour 20.70	5. 30 (67 While	41 - 1411 11	octory, street, office bldg., etc., HOSPITAL	Decrees Decree	` ''	
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NO Sed to		21. I certif	y that/(I) (This has	pural) attend	red the deceased fram_	at death accurred of	%7 , to <u>December</u> 7:00a.M, from couses or	I on the de	not All Awe May
TI Pain Hall		220. SIGNATURE	CEOS RUX SUNG COUR A	AAAAA	CXXXIIXXXX, unu in			22b. DATE SIG	
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RAI Pe		NAME (Type)	A. L.	MOONE	Y, M.D. 0	VA Hospi	Ital, Perry Poi	nt, Md.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Heolth prior to	23	o. BURIAL, CREMATIO	N, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY O	R CREMATORY .	23d. LOCATION (City or Town	n) (Count	ty) (Stote)
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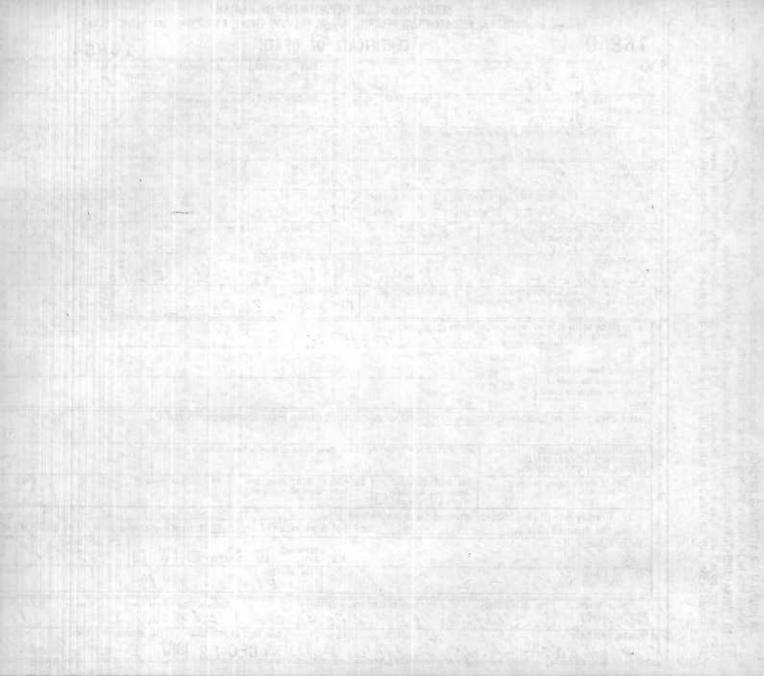
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1685916853 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Cecil o. STATE Maryland Cecil

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b RURAL and give nearest town) Elkton 18 yrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? dod Box 15 R.D. 3 Union Hospital YES NO X within 4. DATE 3. NAME OF Middle Lost Month Doy Year DECEASED OF Shumate December 6. 19 67 and in any event, George (Type or print) DEATH E IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Manths Hours WIDOWED DIVORCED White Nov. 25, 1919 Male 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR physician a during most of working life, even if retired) INDUSTRY Corp. COUNTRY? Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remaval, Sam Shumate Anna IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, na, ar unknawn) (If yes give war ar dates af service) 227-20-9631 Mrs. Mamie B. Shumate, Elkton, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Mrocardial Interetion IMMEDIATE CAUSE (o) _ signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if ony, which gove rise to immediate cause (a), DUF TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached for use State Dept. af Health NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City ar tawn) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. Not While foctory, street, office bldg., etc.) of work ot work 21. I certify that (1) (this haspital) attended the deceased fram 12-6-, 1967, to 12-6-, 1967, that (1) (we) las saw the deceased alive an 12-6- 1967, and that death accurred at 412. M, from causes and an the date stated above 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF PHYS. 12-7-67 director, page 3 shauld be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 123 Dinser NAME (Type). huson 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 230. BURIAL, CREMATION, REMOVAL (Specify) 12/9/67 Cherry Hill Meth. Cemetery. Cherry Hill 0 REC'D BY REGISTRAR 20 25b. REGISTRAR'S SIGNATURE teck ADDRESS VR A15 (4) Home for Funerals, Elkton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 tem #4 16860 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH h COLINTY o. COUNTY o. STATE MARYLAND CLENGTH DE STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TDWN (If outside corporate limits, write RUBAL and give nearest tawn PHYSICIAN: The law requires that the death certificate be executed within 24 hours e. IS RESIDENCE ON A FARM? INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. NAME DF HDSPITAL YES NO Middle Doy 3. NAME OF First Last 4 DATE Month Year 1967 DECEASED OF DEATH Dec. (Type or print) complet éase remove ca DATE DE BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX NEVER MARRIED 7 MARRIED lost birthdoy) Months Hours Min ond in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? during most of working life evenit retired physician (13 FATHER'S NAMI 14. MOTHER'S MAIDEN NAME or remova 17. INFORMANT 16. SDCIAL SECURITY ND. L. FRETZ - ELKHOR NId (Yes, no, or unknown) (If yes give wor or dotes of service) crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO burial, Conditions, if ony, which gave (b) rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspitol ar attending as the prior ta this certificate has been lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detoched for use State Dept. of Health NO DE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While at work at work FUNERAL DIRECTOR: After 1967, that (1) (we) las 21. I certify that (1) (this hospital) attended the deceased from Nec 19 67 M. from couses and on the date stated above and that death occurred of saw the deceased alive on_ 22b. DATE, SIGNED 22g STGNATURE ATTENDING director, page 3 should be filed v M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS PHYSICIAN'S O HOSPITAL NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION 2Sb. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 1987 DATE DEC



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16861 16855 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Page delay is and 3 ta MARYLAND Maryland Cecil b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, a., P.M3. write RURAL and give nearest town) Barrie Elkton Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in Item 18. Give Pages 1, Office along with farm NO P 00 YES | with the State Union Church Rd Union Church Rd be executed within 24 haurs after death. NAME OF 4. DATE First Doy Year DECEASED OF (Type or print DEATH December WALLS EDWARD DANITEI 9. AGE (In years lost birthdoy) S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Dovs Hours DIVORCED WIDOWED and 2 Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY haurs after MD. ELKTON LABGERR ief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME in pencil MERIDETH LOTMAN Φ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unknown) (If yes give wor or dotes of service) within 221-20-6666 WALLS ROKI NEWARK, D. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit event PART I. DEATH WAS CAUSED BY: Shotgun wound of the neck IMMEDIATE CAUSE (o). 8 This certificate shauld e, writing the word farwarded ta the Cl DUE TO dny Conditions, if ony, which gove ta rise to immediate couse (o), DUE TO 0 stoting the underlying couse last OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? ar remaval, certificate, YES -NO 20o. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld shauld CAUSE OF DEATH. Subject during argument 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page of work of work Cecil Page 1967 E1kton Md. please execute 7:30 p.m. 12 10 Home 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and in my opinion the funeral director. deoth resulted from: Naturol causes | Accident Suicide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X Health priar DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Address (Street, city, town, or county) December 11, 196 AME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION (Stote) 0 REMOVAL (Specify) ELKTON NIL ATON 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) ELETOHIND

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16862 16856 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Cecil b. COUNTY MARYLAND Maryland Baltimore fer b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) yrs. 5 mo Perry Point Baltimore .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? filled VA HOPPTTAL 6643 Dalton Drive hin YES NO K Middle NAME OF 4 DATE 50n First Day Year DECEASED William Edward Warner DEATH December 19 67 (Type or print) car 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Davs Haurs Male White WIDOWED July 25, 1897 DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Restaurant Baltimore, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal William Unknown Minnie - Unknown 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates af service) 216-03-5192 VA HOSPITAL RECORDS, Perry Point, Md. Yes cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit burial, cremoti ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Thrombosis IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave Pulmonary Embolus (b) rise ta immediate cause (a), sclerosis DUF TO stoting the underlying cause the Chronic brain syndrome with cerebral arterio, prior 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? far use Heolth this certificote 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Haur a.m. attendework TO FUNERAL DIRECTOR: After 21. I certify that (1) (this kessival vaxienced the deceased from June 26 1961 to Dec. 7 be retoined 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) S. GOLDGRABEN, M.D. VA Hospital, Perry Point, director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION (Stote) (County) REMOVAL (Specify) Dec. 11,1967 Baltimore National Cem. Baltimore, Maryland 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Singleton Funeral Home Glen Burnie, Maryland Milanles Judge 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH -Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16863 CERTIFICATE OF DEATH 16857 OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Delaware Cecil N.C. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 Mos. Newark e. IS RESIDENCE ON A FARM2 YES NO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Union Hospital 111 Manns Ave. within 3. NAME OF Middle 4. DATE Month remove corbon First Lost Year DECEASED December 15,1967 Florence H. White DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED Jast birthdoy) Months Hours Femæle White ond in any WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife physicion o COUNTRY? TISA INDUSTRY Georgia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, William D. Hooper Florence Herty 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dotes of service William O.White cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Reticulum Cell Sarcoma of brain IMMEDIATE CAUSE (a) þ Poge 4 may be retoined by the hospital or ottending physician. DUE TO signed ! Rt epitrochlear node 3 yrs burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse this certificate has been prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Health YES NO BC for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Yeor 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Not While factory, street, office blda., etc.) ot work at work **DIRECTOR:** After , 19.60 , ta 12 -15, 1967, that (1) (we) las 21. I certify that (1) (this haspital) attended the deceased fram -14 1967, and that death accurred at \$.55 AM, from causes and on the dote stated obove saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS PHYS be filed 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL O FUNERAL Williford NAME (Type) Newark, Delaware director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL(Specify) 12/18/67 Newark, Delaware Head of Christiana 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE harley Judge VR A15 (4) 20 M 1/66 1967

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	PLACE OF DEATH					2. USUAL RESIDENCE (W	/here deceosed lived, i		nce before odmission)
. '	o. COUNTY Cecil			MARY	'LAND	o. STATE Virgi	inia	b. COUNTY	lexandria
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-	d. NAME OF HOSPIT	AL OR INSTITUTION (If no		give street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	VA Hes	pital, Per	ry Pei	nt, Maryl	and	7965	Richmond	Highway	YES NO TO
	NAME OF DECEASED (Type or print)	Allie	rst	Middle (NMI)	W	lost ilsen	4. DATE OF DEATH De	Month cember 7	Doy Yeor
S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH	9. AGE (In lost birt		1 YEAR IF UNDER 24 HRS. Days Hours Min.
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		blind work		nufacturi	ng	Remington	ı, Va.		.S.A.
13.	FATHER'S NAME	1 HT 947				14. MOTHER'S MAIDEN N	AME		
9	uis Wil:	son				Carrie Wi	ilsen		
IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	f service) 16.	SOCIAL SECURITY NO.	17. II	NFORMANT		Address	
e	S	WWII	22	9329994	H	ospital Red	cerds, VA	H, Perry	Point, Md.
		e couse (o).	(o) <u>H</u> TO (b) <u>C</u>	lepatic Ins		ciency ctum with m	etastases	to liver	
FICATION						HE TERMINAL DISEASE (ON			19. WAS AUTOPSY PERFORMED? YES NO
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MEDICAL	Hour o.r	n. 19	While of work	k L otwork L	focto	E OF INJURY (Home, form, ory, street, office bldg., etc.)			unty) (Stote)
	21. I certii	fy that (I) (this has	pital) attend	ded the deceased	fram and that	1/3/67 , 10 death accurred at	9, to 12/ LO: 30M, fromm	7/67, 19_ causes and an t	he date stated abave
	22o. SIGNATURE	a.	1.7	noone	J M.D	PHYS.	MED. STA	CC	ATE SIGNED 2-7-67
	22c. PHYSICIAN'S NAME (Type)	A. 1	. MOON	EY, M.D.			ital, Perr	y Point,	Md.
23q	BURIAT, CREMATIC REMOVAL (Specify	ON, 23b. DATE THI		23c. NAME OF CEMP		at 1	Culpapp		(Stote)
24	FUNERAL DIRECTO	Dillan.	814	Franklin	tru	2So. REC'D	ECTT 19	67 REGISTRADA	SIGNATURE Judge

in by the funeral **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. VR A15 (-25M 1/6

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16865 16859 ath. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death by the funeral Poges Land 2 ours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Elkton c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Galena bar papers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS the attending physician and campletely filled in sit permit. Then please remove carbon papers Union Hospital YES NO X 3 NAME OF Middle First Lost 4. DATE Ooy Year DECEASED (Type or print) RUTH D. WOOD December 19 67 DEATH IF UNOER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIEO NEVER MARRIED birthdoy) Months Doys Hours June, 13, 1900 and in any WIOOWEO DIVORCED Female White 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT U.S.A. **INDUSTRY** Baltimore, Md. Own Home. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Elizabeth Diminion Thomas H. Hollingsworth 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service Thos. Bryan Wood. Galena, Md. 21635 No. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH Coronary Occlusion IMMEDIATE CAUSE (o) signed by attending physician. DUE TO Conditions, if ony, which gove Arteriosclerotic Heart Disease vears rise to immediate couse (a), DUF TO Page 4 may be retained by the haspital ar attending proceed may be retained by the haspital ar attending process. After this certificate has been stopped as a should be detached far use as the stopped process. stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Abscess Sphenoid with pharyngeal abscess, Alzheimer's Dis YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor (County) (Stote) foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram Sept. , 1959, to 7 Dec , 1967 that (1) (we) last saw the deceased alive an 17 Dec 1967, and that death accurred at 8 p M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURO ATTENDING MED. DIRECTOR M.D. PHYS. PHYS. 22d. AOORESS 22c. PHYSICIAN'S Wallace Obenshain. M.D. NAME (Type) Cecilton. Md. 21913 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) Burial (Specify) Kent Md. Galena Cemetery Galena, Dec. 10, 1967 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Misseles Judge Millington, Md. 21651 Edward Fellows & Son. 1967

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16866 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the funerol PLACE OF DEATH o. STATE Md a. COUNTY b. COUNTY Cecil. MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Elkton and completely filled in by d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 115 Bell&s Lane Union Hospital YES NO transit permit. Then please remove corbon pot crematian, or removal, and in ony event, within 3. NAME OF First Middle Last 4. DATE Manth Year DECEASED Dec. 1967 George Wright DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** last birthdoy) Months Hours Negro June 15,1903 Male WIDOWED DIVORCED I 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? A. during mast af warking life, even if retired) **INDUSTRY** Maryland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Wright Mary Starling 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war or dotes of service) Locust 213-18-6038 George 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH buriol-transit IMMEDIATE CAUSE (a) signed by O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. DUE TO buriol, o Conditions, if ony, which gove rise ta immediate couse (a), DUE TO stoting the underlying cause DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City ar tawn) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year factory, street, affice bldg., etc.) Nat While of work at wark 21. I certify that (I) (this haspital) attended the deceased fram Oct. 29, 1962, ta Dec. 8, 1962, that (I) (we) last 1942, and that death accurred at 6.45-AM, fram causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) TNORGENS JR 227 F. Main 8 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. REMOVAL (Specify)
Burial Bohemia Manor Md. Y REGISTRAR 256. REGISTRAR'S SIGNATURE Ebenezer Cem. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Poplar St. DATE NEC

MARYLAND STATE DEPARTMENT OF HEALTH

이 회사 내가 있는데 내용 가능하는 이 경에 들어보니 그녀가 들어나가 더 보고 있다면 그는데 그 없는데 그리고 있다는데 그리고 있다는데 그리고 있는데 그리고 있다면 그리고 있다.	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16867 CERTIFICATE OF DEATH 16861 and 2 death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Cecil Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24-baurs life Nottingham. Pa. R.D. Nottingham.Pa. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? od YES IN NO ond in any event, within 3. NAME OF Middle leose remove corbon First 4. DATE Doy Year the ottending physician and completely sit permit. Then pleose remove corbon DECEASED OF DEATH Yale.Sr. Vincent Dec. 167 James (Type or print) 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED 9. AGE (In years NEVER MARRIED last birthday) Haurs Oct. 28, 186 White WIDOWED A DIVORCED Male 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) North Carolina Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, Valet Yale, Jr. Millie Spicer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give wor ar dotes of service 190-16-7721 Nottingham, R.D. 1, Pa. James Yale 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit burial, cremati PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO os the prior to b stoting the underlying couse by the hospital or attending has been TO HOSPITAL OR ATTENDING PHYSICIAN: The law last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? be detached for use Stote Dept. of Health NO TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) 2Dc. TIME OF INJURY Month, Doy, Year (County) (Stote) Not While Hour a.m factory, street, affice bldg., etc.) at wark ot wark 21. I certify that (I) (this haspital) attended the deceased fram_ 10-15 , 196), to 12-1 . 196), that (I) (we) last director, page 3 should should be filed with the 4 may be retoined 1965), and that death accurred at 3.30PM, from causes and an the date stated above saw the deceased alive an 11-30 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Sun, Maryland Taylor, Jr. Rising NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Dec.4.167 Friends Cemetery Md Cecil Calvert 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Rising Sun, Md Munico 196 DATE DEC 5

